Title of Intervention: A Colorectal Cancer Prevention, Screening and Evaluation Program in Community Black Churches

Intervention Strategies: Group Education, Environments and Policies

Purpose of the Intervention: To improve colorectal cancer prevention and increase colorectal cancer screening among lower income African Americans

Population: Lower income African Americans

Setting: Midwestern black community churches; faith-based, home-based

Partners: Concerned Pastors for Social Action, Michigan Black Nurses Association, Hurley Medical Center

Intervention Description:

- Group Education: Volunteer nurses from the Michigan Black Nurses Association led education sessions. The presentations included a description of colorectal cancer and a discussion about the increased incidence and mortality rates among blacks. The sessions included information about the seven warning signs of cancer, with emphasis on disease detection and the benefits of early detection. They also discussed lifestyle cancer risk factor behaviors related to nutrition (e.g., alcohol, fat, salt, fiber), smoking, tobacco use, sun exposure, x-rays, prolonged use of estrogen and occupational carcinogens. For the screening component of the program, church members were instructed on the value and use of home screening kits in detecting colorectal cancer.
- Environments and Policies: Free home screening kits were distributed to church members.

Theory: Not mentioned

Resources Required:

Staff/Volunteers: Volunteer nurses

Training: Not mentionedTechnology: Not mentioned

Space: Space for group discussions

Budget: Not mentioned

Intervention: Educational materials with eighth grade reading level, home screening kits

Evaluation: Survey, telephone

Evaluation:

Design: Quasi-experimental

 Methods and Measures: A telephone survey was conducted on randomly selected kit returners and non-returners to measure demographic characteristics, attitudes, lifestyle behaviors and the impact of the educational program.

Outcomes:

- Short Term Impact: The majority of participants believed that the screening test could detect early
 colorectal cancer and that colorectal cancer could be cured if detected early. The majority of the group
 reported changes in diet, alcohol and smoking habits. There were significantly more kit returners who
 reported increased fiber intake and decreased fat intake compared to non-returners.
- Long Term Impact: The return rate for kits was low.

Maintenance: Not mentioned

Lessons Learned: Morbidity and mortality rates between blacks and whites must be addressed through significantly improved cancer prevention and intervention programs in the black community. If colorectal cancer screening programs in community black churches are to be effective, they must be evaluated so that barriers to compliance, can be defined and necessary adjustments can be made.

Citation(s):

Mitchell-Beren ME, Dodds ME, Choi KL, Waskerwitz TR. A colorectal cancer prevention, screening, and evaluation program in community black churches. CA Cancer J Clin. Mar-Apr 1989;39(2):115-118.